2001-UNIFORM BUSINESS REPORT (UBR) FILED Feb 13, 2001 8:00 am DÖCUMENT # P00000008884 Secretary of State 1. Entity Name RESOURCE MORTGAGE SERVICES, INC. 02-13-2001 90618 025 ***150.00 Principal Place of Business Mailing Address 4750 COMMERCIAL BLVD FT.LAUDERDALE, FL 33313 C0021226 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0979944 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARVILL ST.CLAIR HILL TERICA C.HILL Street Address (P.O. Box Number is Not Acceptable) 5255 NW 74TH TERRACE LAUDERDALE, FL 33319 2881 NW 47TH TERRACE Zip Code 33313 City FT.LAUDERDALE, y submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida The above yr MARVILLE ST.C.HILL (PRESIDENT) SIGNATURÉ typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible .10._Election.Campaign.Financing._ \$5.00-May-Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE Change x Addition PRESIDENT PRESIDENT NAME NAME TERICA C.HILL MARVILL ST.C.HILL STREET ADDRESS STREET ADDRESS 5255 NW 74TH TERRACE 2881 nw 47th TERR, F. LAUDERDALE CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL, FL ;33319 ☐ Delete ☐ Change TITLE TITLE (VP JANICE E.WIGHT SECRETARY/TREASURE NAME NAME 1611 CABOT LANE MARSHA M.A.HILL STREET ADDRESS STREET ADDRESS WELLINGTON FL 33414 5255 NW 74TH TERR, LAUDERHILL CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: